

Flynn, Joann

From: Web Form Poster [trokita@sos.in.gov]
Sent: Tuesday, January 27, 2009 2:36 PM
To: IG Info
Subject: [Form 40876 submission]

For the Calendar Year: 2009
Check if this is an amendment to your current statement.:

Name (Last): Rokita
Name (First): Theodore
Name (Middle): Edward

Spouse's Name (Last): Rokita
Name (First): Kathleen
Name (Middle): Denise

Office Address (Street): 200 W Washington Room 201 Address (City): Indianapolis Address (Zip): 46204

Office Telephone Number: (317) 232-6536 Email Address (required): trokita@sos.in.gov

I am filing this statement as a (select one): incumbent

Office or Agency: Secretary of State
Job Title: Secretary of State

PART 1 - GIFTS (If you have information to report below, select YES. If no information, select NO.) No

Name (Last):
Address (City):
Address (Zip):
Name (Last):

Address (City):
Address (Zip):

Name (Last):
Address (City):
Address (Zip):

PART - 2 REAL PROPERTY INTERESTS (If you have information to report below, select YES. If no information, select NO.)

Property and its location: 421.5 Massachusettes Ave, Indianapolis, IN 46204 Property and its location: 5004 East 10th St, Indianapolis, IN 46204 Property and its location: 1230 E 54th St, Indianapolis, IN 46220

PART - 3 Non-State Employers (If you have information to report below, select YES. If no information, select NO.) Yes

List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.

Your employer:
Nature of business:
Spouse's employer: Somerset CPAs
Nature of business: Accounting

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have information to report below, select YES. If no information, select NO.) No

Name of Your Business:

Nature of Business:

Name of Spouse's Business:

Nature of Spouse's Business:

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) No

Name of Your partnership:

Nature of partnership:

Name of Spouse's partnership:

Nature of Spouse's partnership:

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) Yes

Name of Corporation: Hoosier Seneca LLC/ Medflight of Indiana, Inc.

Nature of Business: Aircraft Leasing/ Civic Non Profit Charitable Name of Spouse's Corporation:

Nature of Spouse's Business:

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.) No

Name of your most recent former employer:

Address

Street:

City:

State:

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
